

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/539842**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
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10						
11						
12						
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.		3				
TOTAL CLAIMS	6					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56	1					
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.		16				
TOTAL CLAIMS	18					